

**VIDEOCONFERENCING PARTICIPANT
PERMISSION FORM
SCHOOL YEAR 2007-2008**

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VIDEOCONFERENCING PARTICIPANT WAIVER

I understand that by participating in a videoconferencing event, my voice, physical presence and participation in classroom activities will be electronically recorded and transmitted to other distance learning sites. I understand that my signature indicates my voice, presence, participation, and electronic recording of these classes will not be a violation of my personal rights, and I hereby permit, and release any claims for, the use of such during the duration of the videoconferencing event and the use or rebroadcast for educational or other Hempfield School District purposes at a later date.

_____ I give my permission to participate in videoconferencing.

_____ I DO NOT give my permission to participate in videoconferencing.

Student Name (print): _____

Student Signature: _____

Parent Name (print): _____

Parent Signature: _____

Date: _____

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